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| **Operator #:** |  | **Operation Name:** |  | **Date:** |  |
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| **Instructions:**1. Read each statement in Column A and determine if the statement describes your operation.
2. If a statement describes your operation, check the box and complete the corresponding module(s) in Column B.
3. If a statement does not describe your operation, leave the checkbox black and do not complete or submit the corresponding module(s).
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| **Column A** | **Column B** |
| [ ]  | I/We manage a livestock producing operation. | L2.0 – Livestock Plan ManagementL3.0 – Livestock Origin and Identification SystemL4.0 – Livestock FeedL5.0 – Health Care PracticeL6.0 – Living ConditionsL7.0 – Transportation and SlaughterL9.0 – Recordkeeping SystemL10.0 – Livestock Annexes |
| [ ]  | I/We manage conventional livestock and/or livestock in transition. | L2.1 – Mixed Livestock Production |
| [ ]  | I/We manage a ruminant livestock producing operation. | L4.1 – NOP Pasture Management Plan |
| [ ]  | I/We manage livestock, and we are requesting dairy products, eggs, or animal fibers such as wool for certification. | L8.0 – Dairy, Egg and Animal Fiber ProductionL11.0 – Annual Summary of Organic Production and Sales –  Livestock Products |